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transmitted to the USPTO (703) 746-4000, on the date indicated below. ILLINOIS TOOL WORKS INC. 3600 WEST LAKE AVENUE GLENVIEW, IL 60025 (Deputitor's name 2011 (Signature) PADEMARY (B 200. (Date) APPLICATION NO. FILING DATE PIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/600,248 04/18/2005 HBIZUNEZ 00000115 090025 06/20/2003 Michael T. Gattone TITLE OF INVENTION: HEADLAMP ADJUSTER 10600248 01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA APPLN, TYPE SMALL ENTITY ISSUR FER PUBLICATION FEE TOTAL FEE(5) DUE DATE DUB nonprovisional NO \$1400 \$300 \$1700 06/30/2005 EXAMINER ART UNIT CLASS-SUBCLASS TSO, LAURA K 2875 362-515000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Mark W. (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single from (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tlinois Tool Works Inc. Glensiew, Illinois Please check the appropriate assignce category or categories (will not be printed on the patent): ☐ Individual ဩ Corporation or other private group entity ☐ Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 💹 Issue Fee A check in the amount of the fee(s) is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpast Account Number 09-002 (enclose an extra copy of this form). Advance Order - # of Copics 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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